

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25569

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF DECEASED (Type or print) <u>Blanche Gene Blocker</u> HAYTI HOSPITAL 24 hrs.				d. STREET ADDRESS (If outside, give location) <u>600 Carleton Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Blanche Gene Blocker</u> First Middle Last				4. DATE OF DEATH <u>July-7-1957</u> Month Day Year			
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb-22-1889</u> Month Day Year	
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Lucas, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>John E. Bayer</u>				14. MOTHER'S MAIDEN NAME <u>Idella Zahler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>4201</u>		17. INFORMANT <u>Carl Blocker Caruthersville</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction Myocardium</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Coronary occlusion</u> DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>Coronary artery disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> OTHER <u>other</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 7, '57</u> to <u>July 7, '57</u> and last saw her <u>alive</u> on <u>July 7, '57</u> Death occurred at <u>July 7, '57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. Caruthersville</u> (Degree or title)				22b. ADDRESS <u>Caruthersville</u>		22c. DATE SIGNED <u>7/12/57</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>July-10-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Little Plains</u>		23d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>	
24. FUNERAL DIRECTOR <u>Noel C. Dean</u> ADDRESS <u>Caruthersville</u>				25. DATE RECD. BY LOCAL REG. <u>7-16-57</u>		26. REGISTRAR'S SIGNATURE <u>John German</u>	

7-210-57

JUL 25 1957

PEMISCOT COUNTY HEALTH DEPARTMENT

COURTHOUSE PHONE 79

CARUTHERSVILLE, MO.

APR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above..